

## Procedures For Reimbursement Of Nonrecurring Adoption Finalization Costs

Please carefully read the following procedures for reimbursement of nonrecurring adoption finalization costs for families approved for adoption support before completing the attached application.

### **AN APPLICATION MUST BE COMPLETED FOR EACH CHILD.**

### **THE FOLLOWING FOUR STEPS MUST BE COMPLETED BEFORE THE FINALIZATION OF THE ADOPTION.**

1. The family must complete the attached application and submit it to the Adoption Support Program at PO Box 45710, Olympia WA 98504-5710, with an itemized estimate from the attorney if attorney fees are over \$400.00 per child.
2. The application is reviewed by Adoption Support Program Manager. If approved, a proposed formal agreement regarding reimbursement of nonrecurring adoption finalization costs will be sent to the parent(s).
3. If the family agrees to the terms of the agreement, the family must sign and return the agreement to Adoption Support for signatures of the program manager and secretary's designee.
4. A copy of the agreement will be returned to the family for their records.

### **AFTER THE ADOPTION IS FINALIZED:**

1. The Adoption Support Program will reimburse the family on receipt of the following:
  - a. A certified copy of the adoption decree, and
  - b. Appropriate documentation of payment of the preapproved expenses per the terms of the agreement. Documentation of expenses includes:
    - A copy of the billing which reflects payment by the family,
    - A receipt of the expenses, or
    - A copy of a canceled check.

Reimbursement will be paid by a check to the family. The reimbursement should be made within thirty days of receipt of all the above mentioned documents.

**Maximum reimbursement is \$1500.00.**



## APPLICATION FOR REIMBURSEMENT OF NONRECURRING ADOPTION FINALIZATION COSTS

This form is to be completed by the adoptive parent(s).

BIRTH NAME OF CHILD BEING ADOPTED (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	BIRTHDATE 
NAME OF ADOPTIVE PARENT		NAME OF ADOPTIVE PARENT	
ADDRESS			
ANTICIPATED ADOPTION DATE      IN WHICH COUNTY AND STATE? 			
Are you eligible for reimbursement of your adoption expenses from your employer or any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, from whom: _____ Amount available: \$ _____			
<b>(Please submit after adoption)</b>			

A. LEGAL SERVICES		OFFICE USE ONLY	C. ADOPTION AGENCY SERVICES		OFFICE USE ONLY
		AMOUNT APPROVED			AMOUNT APPROVED
Attorney fees	\$		Applications costs	\$	
Court/filing fees	\$		Classes/training	\$	
Copying fees	\$		Homestudy/ Pre-placement report	\$	
Birth certificate	\$		Placement	\$	
<b>B. TRANSPORTATION COSTS FOR COMPLETING THE PLACEMENT PROCESS</b>		OFFICE USE ONLY	Post placement services prior to finalization		OFFICE USE ONLY
<b>Mileage reimbursed at the state mileage rate.</b>		AMOUNT APPROVED	<b>D. MEDICAL EXPENSES</b>		AMOUNT APPROVED
Meals	\$		Family physicals	\$	
Lodging	\$		Adoptive child physicals	\$	
Travel: _____ mi. at _____	\$		Reimbursement from other source	\$	
Other:	\$		<b>E. Total amount</b> (Add A, B, C, and D)		

**We (I) understand and agree that the above listed estimated costs are for the adoption expenses of our (my) special needs child paid by us (myself) and are not reimbursable by any other source. We (I) understand that we (I) will be required to provide proof of payment of the above expenses (cancelled checks and/or receipts) before reimbursement can be made.**

**We (I) have read and understand the attached "Procedures for Reimbursements of Nonrecurring Adoption Finalizations Costs".**

#1 PARENT'S SIGNATURE	DATE	#2 PARENT'S SIGNATURE	DATE

**DISTRIBUTION:** White - Adoption Support Program

Yellow - Field Case File

Pink - Adoptive Family